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| TRANSMITTAL SLIP | | DATE |
| TO: | | 8 Oct |
| ROOM NO. | R/M | |
| BUILDING | | |
| REMARKS: | | |
| RM / HH PH | | |
| FROM: | | |
| ROOM NO. | It/O/R | |
| BUILDING | | EXTENSION |

FORM NO. 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

(47)